

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/542,822  
Applicant : Roy H. Hammerstedt et al.  
Received : July 20, 2005  
Title : USE OF PASSAGEWAYS THROUGH  
: POROUS MEMBRANES  
Group Art Unit :  
Examiner :  
Customer No. : 28289

**PRELIMINARY AMENDMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to initial examination, please amend the above-identified patent application  
as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

I hereby certify that this correspondence is being deposited with  
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Ruth A. Walkup

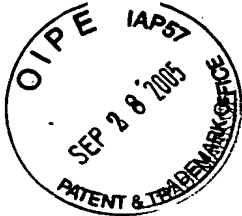
(Typed Name of Person Mailing Paper)

*Ruth A. Walkup*

Signature

09/26/2005

Date



JC06 Rec'd PCT/PTO 28 SEP 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/542,822	
	Filing Date	July 20, 2005	
	First Named Inventor	Roy H. Hammerstedt	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	1	Attorney Docket Number	4006-052204

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	Barbara E. Johnson		
Date	September 26, 2005	Reg. No.	31,198

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Signature			
Typed or printed name	Ruth A. Walkup	Date	September 26, 2005

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